

JUL 17 1935

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

18888

1. PLACE OF DEATH

County Audrain

Registration District No. 26

Township

Primary Registration District No. 3002

City Mexico, Mo.

(No. Audrain Hospital)

File No.

Registered No. 97

St. Ward

2. FULL NAME

Isaac Morgan Greer

(a) Residence, No. Mexico, Mo St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or wife of) Cosby Hale Greer (dec'd)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5 - 1851

7. AGE YEARS 83 MONTHS II DAYS 6 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail furniture

10. Date deceased last worked at this occupation (month and year) 10 yrs ago 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) Mason (STATE OR COUNTRY) Mo

FATHER 13. NAME William P. Greer

14. BIRTHPLACE (CITY OR TOWN) Barron Co., Ky. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Elizabeth LaRue

16. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

17. INFORMANT J.D. Greer (ADDRESS) Mexico, Mo.

18. BURIAL, CREMATION, OR REMOVAL cremated in St Louis mo PLACE Mexico, Mo DATE June 11 1935

19. UNDERTAKER M<sup>r</sup> Cheeters Bros (ADDRESS) Mexico mo

20. FILED June 11 1935 B. Lanche Neely Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11th 1935

22. I HEREBY CERTIFY, That I attended deceased from June 6 1935 to June 11 1935

I last saw him alive on June 11th 1935. Death is said

to have occurred on the date stated above, at 10:45 A.M.

The principal cause of death and related causes of importance were as follows:

Acute indigestion followed by Cerebral Hemorrhage

Other contributory causes of importance:

Age

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? . . . . . Date of injury . . . . . 19 . . . . .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury . . . . .

Nature of injury . . . . .

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify Paul E Coil, M. D.

(Address) Mexico Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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CERTIFICATE OF DEATH**

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**1. PLACE OF DEATH**

County Andrain Registration District No. 26 File No. \_\_\_\_\_  
 Township Mexico Primary Registration District No. 3002 Registered No. 97  
 City Mexico (No. Andrain Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1935

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.  
 I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) \_\_\_\_\_

7. AGE YEARS 83 MONTHS \_\_\_\_\_ DAYS 6 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as milk mill, saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Acute indigestion followed by cerebral hemorrhage. Late suddenly heavy supper vomited contents of undigested food.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

13. NAME \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME \_\_\_\_\_

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

17. INFORMANT (ADDRESS) \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE \_\_\_\_\_ DATE \_\_\_\_\_, 19\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

19. UNDERTAKER (ADDRESS) \_\_\_\_\_

If so, specify \_\_\_\_\_ (Signed) Paul E. Coil, M. D.

20. FILED June 11, 1935 B. Pauche Neely Registrar

(Address) Mexico, Mo

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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